03/20/2009 17:53

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00006080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 02 0 1 2009 02 28 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Gail Clarkson Type or Print Name of Treasurer Electronically Filed by Ms. Gail Clarkson 03 20 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

F		02 01 2009	To: 0 2 2 8 2 8 2 0 0 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
) .	(a) Cash on Hand January 1 Ž009		121831.57
	(b) Cash on Hand at Begining of Reporting Period	199365.65	
	(c) Total Receipts (from Line 19)	61970.35	173299.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	261336.00	295130.57
7 .	Total Disbursements (from Line 31)	63174.59	96969.16
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	198161.41	198161.41
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

2009

0 1

Write or Type Committee Name

Report Covering the Period:

American Health Care Association Political Action Committee

From:

м м 0 2

COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 157175.00 54650.00 (i) Itemized (use Schedule A) 7320.35 13124.00 (ii) Unitemized (iii) TOTAL (add 61970.35 170299.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 3000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 61970.35 173299.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.)

(a) Non-Federal Account	
-------------------------	--

18.	Transfers from Non-Federal and Levin Funds					
	(a) Non-Federal Account					
	(from Schedule H3)					

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c))

9	Total Receipts (add Lines 11(d)	

20. Total Federal Receipts (subtract Line 18(c) from Line 19)

 	0.00			_

0.00 0.00

_	_	_	_

61970.35

61970.35

173299.00

0.00

0.00

0.00

173299.00

2^D8

2009

0 2 M

To:

23.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 1674.59 2349.16 Expenditures..... (c) Total Operating Expenditures 1674.59 2349.16 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 61500.00 94620.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 63174.59 96969.16 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

63174.59

96969.16

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	61970.35	173299.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	61970.35	173299.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1674.59	2349.16
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1674.59	2349.16

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/31 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Steve Ackerson			Date of Receipt
Mailing Address 6750 Westown Pkwy Ste 100	02 24 2009		
City West Des Moines	State IA	Zip Code 50266-7716	Transaction ID: C679525 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00200 7710	1000.00
Name of Employer lowa Health Care Assn.	Occupatio Executive	n e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Michael Anderson	Date of Receipt		
Mailing Address 284 Halleck Rd	02 17 2009		
City Fairmont	State WV	Zip Code 26554-8603	Transaction ID: C651911 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004 0000	1000.00
Name of Employer National Health Care	Occupatio Owner/O		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Terry Bane			Date of Receipt
Mailing Address 1469 Humboldt Rd # 175			02 24 2009
City Chico	State CA	Zip Code 95928-9116	Transaction ID: C679527
FEC ID number of contributing federal political committee.	C	93920-9110	Amount of Each Receipt this Period 250.00
Name of Employer President	Occupatio Riverside	n e Health Care Corp.	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
			2250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements maname and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Pol	itical Action	Committee	
A .	Full Name (Last, First, Middle Initial) Chance Becnel			Date of Receipt
	Mailing Address 935 Bellevue PI	01-1-	7'- 0-1-	02 12 2009
	City Jackson	State MS	Zip Code 39202-2702	Transaction ID: C676476 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00202 2702	500.00
	Name of Employer Tara Cares	Occupatio COO	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ В.	Full Name (Last, First, Middle Initial) Steve Bellone			Date of Receipt
	Mailing Address 921 East Fort Avenue Suite 240			02 / 26 / Y Y Y Y Y Y Y
	City Baltimore	State MD	Zip Code	Transaction ID: C682972
	FEC ID number of contributing federal political committee.	C	21230	Amount of Each Receipt this Period 500.00
	Name of Employer White Oak Healthcare, LLC	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) Bretton J Bolt	l		Date of Receipt
	Mailing Address 6937 Warfield Avenue			02 05 YYYYY 2009
	City	State	Zip Code	Transaction ID: C649457
	Sykesville FEC ID number of contributing federal political committee.	C	21784	Amount of Each Receipt this Period 1250.00
	Name of Employer Nexion Health Care	Occupatio CFO	n	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional)	1		2250.00
	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association Pe	olitical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Steve Boymel			Date of Receipt
	Mailing Address 12100 Reed Hartman	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C681963
	Cincinnati	OH	45241-6036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Brookwood Retirement Comm- unity	Occupation Owner/A	on Administrator	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Al Braswell			Date of Receipt
	Mailing Address 3674 Pacific Avenue	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: C647085
	Riverside	CA	92509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Vista Pacifica Enterprises	Occupation Owner	on	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1250.00	
 C.	Full Name (Last, First, Middle Initial) Roch Carter			Date of Receipt
	Mailing Address 111 W Michigan St			02 04 2009
	City	State	Zip Code	Transaction ID: C648153
	Milwaukee	WI	53203-2903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Unicare Health Facilities	Occupation General		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
	SUBTOTAL of Receipts This Page (optional)			2000.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	parate schedule(s) a category of the I Summary Page	FOR LINE NUMBER: PAGE 9/31 (check only one) X 11a 11b 11c 12 15 16		
ny information copied from such Reports and r for commercial purposes, other than using t NAME OF COMMITTEE (In Full) American Health Care Association F					
	American realth date Association Folitical Action Committee				
Full Name (Last, First, Middle Initial) Gregory Chambery	Date of Receipt				
Mailing Address 100 Daniel Drive			02 26 7 2009		
City	State Zip Co		Transaction ID: C682143		
Webster	NY 14580)-2912	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Maplewood Nursing Home	Occupation Administrator]		
Receipt For:	Aggregate Year-to-Da	ate V			
Primary General Other (specify) ▼	0 0 0 0	1000.00			
Full Name (Last, First, Middle Initial) Paul Diaz	Date of Receipt				
Mailing Address 680 S 4th St			02 05 YYYYY 02 05 2009		
City	State Zip Co	ode	Transaction ID: C649456		
Louisville	KY 40202	2-2407	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		5000.00		
Name of Employer Kindred HealthCare	Occupation Sr Vice President/0	CFO			
Receipt For:	Aggregate Year-to-Da	ate ▼			
Primary General Other (specify) ▼		5000.00			
Full Name (Last, First, Middle Initial) Judith Dicker			Date of Receipt		
Mailing Address 18215 Hillside Avenu	ie		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City	State Zip Co	ode	Transaction ID: C647952		
<u>Jamaica</u>	NY 11432	2	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1250.00		
Name of Employer Hillside Manor	Occupation Executive Director		1		
Receipt For:	Aggregate Year-to-Da	ate 🔻			
Primary General Other (specify) ▼		1250.00			
SUBTOTAL of Receipts This Page (optional)			7250.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 31 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Health Care Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Stanley Dicker Mailing Address 18215 Hillside Ave		Date of Receipt
City	State Zip Code	0 2 0 6 2 0 0 9 Transaction ID: C647953
Jamaica	NY 11432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Hillside Manor Rehab Ctr	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Jack Dwyer		Date of Receipt
Mailing Address 1422A Clarkview Ro	pad	02 04 2009
City	State Zip Code	Transaction ID: C648158
Baltimore	MD 21209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Capital Lending & Mortgage Group, LLC	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Kit E. Gamble		Date of Receipt
Mailing Address PO Box 52389		02 09 2009
City	State Zip Code	Transaction ID: C648335
Shreveport	LA 71135-2389	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Gamble Guest Care Corpora- tion	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	3500.00
	per only)	

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
or for commercial purposes, other to NAME OF COMMITTEE (In Fu	deports and Statements may not be sold or used by an nan using the name and address of any political commodition.	y person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle In Patricia Giorgio Mailing Address Evergreen	Estates	Date of Receipt
3410 12th /		02 12 2009
City <u>Cedar Rapids</u>	State Zip Code IA 52404-1307	Transaction ID: C676474 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Evergreen Estates	Occupation Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00
Full Name (Last, First, Middle In Mark Gunnell Mailing Address 3535 Ways	rard Wind Dr	Date of Receipt
		02 17 2009
City	State Zip Code	Transaction ID: C676485
Lake Havasu City FEC ID number of contributing federal political committee.	AZ 86406-6359	Amount of Each Receipt this Period 1000.00
Name of Employer Lake Hills Inn	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
Full Name (Last, First, Middle In Michael Hamm	itial)	Date of Receipt
Mailing Address 1501 42nd Ste 375		02 19 2009
City	State Zip Code	Transaction ID: C679532
West Des Moines FEC ID number of contributing federal political committee.	IA 50266-1090	Amount of Each Receipt this Period 500.00
Name of Employer Hawkeye Care Centers Inc	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00
	1	2000.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 31 (check only one) X 11a
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) American Health Care Associated in the commercial purposes, other than the commercial purposes.			son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initi David Hennis Mailing Address 1720 N Cros City Dover		Zip Code 44622-1043	Date of Receipt 2 3 2 0 0 9 Transaction ID: C682166 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Hennis Care Centre Receipt For: Primary General Other (specify)		on ministrator e Year-to-Date 2000.00	2000.00
Full Name (Last, First, Middle Initigues) Jessica Hernandez Mailing Address 211 E 3rd Availing Address 211 E 3rd Availing Address 211 E 3rd Availing Address City Mancos FEC ID number of contributing federal political committee. Name of Employer The Valley inn	enue State CO C Occupation Medical	Records	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initi Lisa Higgins Mailing Address 800 Saguaro	al)	e Year-to-Date ▼ 1000.00	Date of Receipt O 2 17 2009
City Farmington FEC ID number of contributing federal political committee.	State NM	Zip Code 87401	Transaction ID: C676480 Amount of Each Receipt this Period 1000.00
Name of Employer Cedar Ridge Inn, Inc. Receipt For: Primary General Other (specify)	Occupation Administration Adgregate		
SUBTOTAL of Receipts This Page	(optional)		4000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 31 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Brian Holloway Mailing Address 1001 Center Street City Little Egg Harbor FEC ID number of contributing federal political committee. Name of Employer Seacrest Village	State NJ C Occupatio Owner/P	resident	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 250.00	
Pull Name (Last, First, Middle Initial) Bruce Kelly Mailing Address 323 Highland City Natchez FEC ID number of contributing federal political committee. Name of Employer Senior Living Centers Receipt For: Primary General	State MS C Occupatio Owner Aggregate	Zip Code 39120 In Page Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Debra Kriner Mailing Address D. Kriner & Associates 7608 Shadywood Lane City Sylvania		Zip Code 43560-1841	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer D. Kriner & Associates Receipt For: Primary General Other (specify)	Occupation RN Cons		500.00
SUBTOTAL of Receipts This Page (optional))	5750.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 31 (check only one) X
or for	commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	ME OF COMMITTEE (In Full) nerican Health Care Association Po	litical Action (Committee	
Ke	Il Name (Last, First, Middle Initial) Ili Likes Ilili Likes 1221 N Mildred Road			Date of Receipt
Cit		State	Zip Code	0 2 2 3 2 0 0 9 Transaction ID: C682164
	ortez	CO	81321-2218	Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C		1000.00
Na Th	me of Employer e Valley Inn	Occupation Administra	ator	
Re	ceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
	II Name (Last, First, Middle Initial) w Little, Jr.			Date of Receipt
Ma	iling Address Harden Healthcare 8701 North MoPac Ex	oressway		02 04 2009
Cit	•	State	Zip Code	Transaction ID: C647086
<u>Αι</u>	ustin	TX	78759	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		1000.00
Na Ha	me of Employer ırden Healthcare	Occupation Chief Exec	cutive Officer	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 1000.00	
	II Name (Last, First, Middle Initial) ndy Luxem	1		Date of Receipt
Ma	iling Address 117 SW 6th Street Suite 200			02 06 2009
Cit	~	State	Zip Code	Transaction ID: C647941
	peka	KS	66606	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		500.00
<u>atio</u>		Occupation State Exec	cutive	
Re	ceipt For:	Aggregate `	Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
		I		2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association F	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) R. Peter Madel, Jr. Mailing Address 108 8th St NW		Date of Receipt 0 2 2 5 2 0 0 9
City Waseca FEC ID number of contributing	State Zip Code MN 56093-1912	Transaction ID: C681962 Amount of Each Receipt this Period 250.00
Name of Employer Lake Shore Inn Nursing Home Receipt For: Primary General Other (specify)	Occupation CEO Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Lee Marchant Mailing Address 3800 West Gifford F	Road	Date of Receipt 0 2 1 7 2 0 0 9
City Bloomington FEC ID number of contributing federal political committee.	State Zip Code IN 47403-2612 C	Transaction ID: C651913 Amount of Each Receipt this Period 1000.00
Name of Employer LJM Enterprises Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Karen McCormack Mailing Address 209 N Beaver St		Date of Receipt
City York FEC ID number of contributing federal political committee.	State Zip Code PA 17401-5321 C	Transaction ID: C649944 Amount of Each Receipt this Period 1000.00
Name of Employer Wilmac Corp Receipt For: Primary General Other (specify)	Occupation President/CEO Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional)	2250.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 31 (check only one) X
or fo	information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۱. <u>ا</u>	Full Name (Last, First, Middle Initial) Steve Mulder Mailing Address 7300 Del Pardo Stree	ıt		Date of Receipt
	City Boca Raton	State FL	Zip Code 33433	Transaction ID: C649710 Amount of Each Receipt this Period
f -	FEC ID number of contributing ederal political committee.	C		250.00
_	Name of Employer Whitehall Boca Receipt For: Primary General Other (specify)	Occupation Owner Aggregate	e Year-to-Date ▼ 250.00	
3 . _	Full Name (Last, First, Middle Initial) Delbert Ousley Mailing Address 300 Provider Court			Date of Receipt 0 2 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: C647822
- F	Richmond FEC ID number of contributing ederal political committee.	C	40475-8488	Amount of Each Receipt this Period 250.00
<u>1</u> 1	Name of Employer PMD Corporation	Occupation Presiden		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Ann Petock			Date of Receipt
1	Mailing Address 909 Lincoln Avenue			02 06 2009
	City	State	Zip Code	Transaction ID: C647951
F	Lockport FEC ID number of contributing ederal political committee.	C	14094-6142	Amount of Each Receipt this Period 500.00
	Name of Employer Briody Health Care Facili- Ly	Occupation Administ	n :rator/Owner	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SU	BTOTAL of Receipts This Page (optional) .	1		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 31 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and address	s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gail Rader			Date of Receipt
Mailing Address 1503 South Main S	treet State	Zip Code	0 2 0 9 2 0 0 9 Transaction ID: C648333
Phillipsburg	NJ	08865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Care Perspectives Inc.	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Cheryl Rapp			Date of Receipt
Mailing Address 4001 Pons Court			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: C679523
Pleasanton	CA	94566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer CARREI	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Leonard Russ	'		Date of Receipt
Mailing Address 40 Keogh Lane			02 06 2009
City	State	Zip Code	Transaction ID: C647943
New Rochelle	NY	10805-1308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Bayberry Nursing Home	Occupation Administrate		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional	1)		10500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Health Care Association	and Statements may not be sold or used by any persor go the name and address of any political committee to so	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Philip Scalo		Date of Receipt
Mailing Address 979 Lily Pond Lan	е	0 2 0 9 2 0 0 9
City	State Zip Code	Transaction ID: C648151
Franklin Lakes	NJ 07417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bartley Healthcare	Occupation President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Faun Spencer		Date of Receipt
Mailing Address 3704 Cardinal Roa	ad	02 24 2009
City	State Zip Code	Transaction ID: C678479
Minnetonka	MN 55345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Steven's Residence	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Brad Stebbins		Date of Receipt
Mailing Address 600 East Whaley		02 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C684861
Longview	TX 75601-6525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Stebbins Five Companies	Occupation Owner	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (option	nal)	2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/31 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Morris Tenenbaum			Date of Receipt
Mailing Address Kings Harbor Multic 2000 East Gun Hill			02 06 2009
City	State	Zip Code	Transaction ID: C647948
Bronx	NY	10469	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Kings Harbor Multicare Ctr	Occupatio Informati	n on Requested	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial) W Parker Tomlinson			Date of Receipt
Mailing Address 513 E Whitaker Mill	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C682976
Raleigh	NC	27608-2633	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Mayview Convalescent Cent- er	Occupatio Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Andrew S Weisman			Date of Receipt
Mailing Address 5310 NW 33rd Ave Ste 211			02 27 2009
City	State	Zip Code	Transaction ID: C682436
Fort Lauderdale	FL	33309-6319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer NuVision Management	Occupatio Vice Pres		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1250.00	
			6650.00

TOTAL This Period (last page this line number only)

В.

PAGE 20/31 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Kristin West Date of Receipt Mailing Address 10890 Prospect Road 02 24 2009 City State Zip Code Transaction ID: C679524 Strongsville OH 44149 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Kemper Company Occupation Vice President Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) James R. Westbury, Sr. Date of Receipt Mailing Address 922 McDonough Road 0 2 26 2009 City State Zip Code Transaction ID: C682140 **Jackson** GA 30233-1522 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Westbury Medical Care Home Occupation President Receipt For: Aggregate Year-to-Date Primary General

250.00

SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number only)	•	54650.00

Other (specify)

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 21/31 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D82697 **BB & T CREDIT CARD** Date of Disbursement 28 0 2 2009 Mailing Address 2200 Wilson Blvd Ste 200 City State Zip Code Amount of Each Disbursement this Period Arlington VA 22201-3324 1390.53 Purpose of Disbursement CC Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D82696 BB & T Date of Disbursement 2 8 0 2 2009 Mailing Address PO Box 819 **Operations Center** City State Zip Code Amount of Each Disbursement this Period 27894-0819 Wilson NC 284.06 Purpose of Disbursement Bank Fees Candidate Name Category/ Type Office Sought: House Disbursement For:

General

	1674.59
• •	1674.59

Primary

Other (specify)

State:

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L	NAME OF COMMIT														
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	Full Name (Last, Fir											D793	18		
	AMERICA WOR	KS COMMITTEE							Date o	of Disk м /			Y Y	Y	Y
	Mailing Address	607 14th Street Suite 800	N.W.						0 2		0 9	9	2	0 0 9	_
	City Washington			ate C	Zip Code 20005				Amou	nt of E	Each D	isburs	ement	this Pe	erio
	Purpose of Disburse							\neg					25	00.00	
	Candidate Name	deral PACs/ Commit	iees			Ca	ategor	v/							
		KS COMMITTEE					Type	,							
	Office Sought:	House Senate	Disbursem	ent For: Primary	2010 X General										
		President		Other (spe											
		District:													
	Full Name (Last, Fir AMERICA WOR	rst, Middle Initial) KS COMMITTEE							Trans Date of			D793 nent	82		
	Mailing Address	607 14th Street Suite 800	N.W.						0 ^M 2	M /	12	2 /	ž	0 ŏ 9	′
	City Washington			ate C	Zip Code 20005				Amou	nt of E	ach D	isburs	ement	this Pe	rio
	Purpose of Disburse Contributions to Fed	ement deral PACs/ Committ	tees				•						25	00.00	_
	Candidate Name AMERICA WOR	KS COMMITTEE					ategor Type	y/							
	Office Sought:	House	Disbursem		2010										
		Senate		Primary Other (spe	X General										
		President	(
	State:	President District:		otilei (spe	<i>y</i> / \										
	State: E Full Name (Last, Fir Big Tent PAC	District:							Trans		oursen		70		
	Full Name (Last, Fir	District: st, Middle Initial) 1155 21st Street		Juliei (Spe						of Disk	oursen			0 0 9	Y
	Full Name (Last, Fir Big Tent PAC	District: est, Middle Initial)	t NW	ate	Zip Code 20036				Date of 0 2	of Disk	oursen 1 2	nent	y y 2		
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	Full Name (Last, Fir Big Tent PAC Mailing Address City Washington Purpose of Disburse Contributions to Fec Candidate Name	District: st, Middle Initial) 1155 21st Street Suite 300	t NW	ate	Zip Code		ategor Type	y/	Date of 0 2	of Disk	oursen 1 2	nent	Y Y 2	this Pe	
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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule		iv one)
	for each category of the Detailed Summary Pag	• — r	22 X 23 24 25 28 28c 29
Any Information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)			
American Health Care Association P	olitical Action Committee		
Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION CO	OMMITTEE		Transaction ID: D79379 Date of Disbursement
Mailing Address 6849 Old Dominion Suite 222			02 12 2009
City McLean	State Zip Code VA 22101		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal PACs/ Committees	3		5000.00
Candidate Name BLUE DOG POLITICAL ACTION CO		Category/ Type	
Office Sought: House D Senate President State: District:	isbursement For: 2010 Primary X General Other (specify)	al l	
Full Name (Last, First, Middle Initial) DC Arena LP			Transaction ID: D82880 Date of Disbursement
Mailing Address PO Box 630442			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} & \begin{smallmatrix} M \\ D \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} V \\ D \end{smallmatrix} & \begin{bmatrix} V$
City Baltimore	State Zip Code MD 21263		Amount of Each Disbursement this Perio
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In-Kind Venue Rental		011	
Candidate Name Rep. Shelley Moore Capito		Category/ Type	
Candidate Name Rep. Shelley Moore Capito	isbursement For: 2010 X Primary General Other (specify)	Category/ Type	* In-Kind
Candidate Name Rep. Shelley Moore Capito Office Sought: X House Senate President	X Primary Genera	Category/ Type	Transaction ID: D79452 Date of Disbursement
Candidate Name Rep. Shelley Moore Capito Office Sought: X House Senate President State: WV District: 02 Full Name (Last, First, Middle Initial)	X Primary Genera	Category/ Type	Transaction ID: D79452
Candidate Name Rep. Shelley Moore Capito Office Sought: X House Senate President State: WV District: 02 Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL	X Primary Genera	Category/ Type	Transaction ID: D79452 Date of Disbursement M
Candidate Name Rep. Shelley Moore Capito Office Sought: X House Senate President State: WV District: 02 Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL Mailing Address PO Box 1071 City	X Primary General Other (specify) ▼ State Zip Code	Category/ Type	Transaction ID: D79452 Date of Disbursement D 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Shelley Moore Capito Office Sought: X House Senate President State: WV District: 02 Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL Mailing Address PO Box 1071 City Seymour Purpose of Disbursement	X Primary General Other (specify) ▼ State Zip Code	Category/ Type	Transaction ID: D79452 Date of Disbursement M
Candidate Name Rep. Shelley Moore Capito Office Sought: X House Senate President State: WV District: 02 Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL Mailing Address PO Box 1071 City Seymour Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Baron Hill	X Primary General Other (specify) ▼ State Zip Code	Category/ Type	Transaction ID: D79452 Date of Disbursement M

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 Full Name (Last, First, Middle Initial EARL POMEROY FOR CON-Mailing Address P.O. Box 93	GRESS						Date			D794 ement		0 ŏ 9	Y
City		State	Zip Code				Amou	int of	Each	Disburs			
Fargo Purpose of Disbursement		ND	58106			_						500.00	
Contributions to Federal Candidate Candidate Name Rep. Earl Pomeroy	<u>es</u>				itegory Type	1							
Office Sought: X House Senate President State: ND District: 00	Disburser X	ment For: Primary Other (spe	2010 General ecify)										
Full Name (Last, First, Middle Initia WHITFIELD FOR CONGRES	•	E					Date		burse	D793 ement		0 ŏ 9	Υ
Mailing Address P.O. BOX 3							0 2						
City HOPKINSVILLE		State KY	Zip Code 42241				Amou	int of	Each	Disburs			-
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Office Sought: X House Senate President State: KY District: 01	Disburser X	ment For: Primary Other (spe	2010 General ecify)		Гуре								
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Mailing Address 301 4th St.,	NE #202						0 ^M 2	/	1	9 /	2	0 Ď 9	
City Washington		State DC	Zip Code 20002				Amou	int of	Each	Disburs			
Purpose of Disbursement Contributions to Federal Candidate	es -						L.	_			50	00.00	J
Candidate Name Rep. George Miller					itegory Γуре	/							
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Senate President State: CA District: 07		Other (spe											

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	•	First, Middle Initial) CONGRESSMAN (GEORGE MI	ILLER				I	saction I of Disbu	D: D794	154	
ļ	Mailing Address	301 4th St., NE	#202					0 ^M 2	M / I	19 /	žoč	9 ^Y
	City Washington		Stat DC		Zip Code 20002			Amo	unt of Ea	ch Disburs	sement this	
		rsement ederal Candidates									5000.	00
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Ī	Mailing Address 499 S Capitol St SW Ste 404							0 ^M 2	M / I	19	žoč	9 ^Y
	City Washington		Stat DC		Zip Code 20003-4004			Amo	unt of Ea	ch Disburs	sement this	Period
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	Candidate Name Rep. Jason Alt	mire					egory/ ype					
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SCHEDULE B (FEC Form 3X)

		Use separate schedule(s)		(check		= NUMBER: ly one)				1 /	GL .	E 26/31	
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	y Information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) American Health Care Association Polit	ame and address of any politica											
	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW Mailing Address 2141 W Broad St					Trans Date	of Di	on ID				o ŏ 9	Y
	City Athens Purpose of Disbursement	State Zip Code GA 30606-3545	5 I —			Amou	int o	f Each	n Disb	urser	-	this P	eriod
	Contributions to Federal Candidates Candidate Name Rep. John Barrow			ateg Typ			•				<u> </u>		<u> </u>
	Office Sought: X House Senate President State: GA District: 12	rsement For: 2010 X Primary General Other (specify) ▼											
	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER Mailing Address Post Office Box 1994							on ID:	emen) ŏ 9	Y
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	Candidate Name Rep. John S. Tanner			ateg Typ	-								
	Office Sought: X House Senate President State: TN District: 08	rsement For: 2010 X Primary General Other (specify)	•										
	Full Name (Last, First, Middle Initial) YARMUTH FOR CONGRESS					Trans Date	of D	sburs	emen		_		
	Mailing Address 1819 Brownsboro Roa	d				0 2	М	1	2	/ L	ž () ŏ 9	Y
	City Louisville	State Zip Code KY 40206				Amou	int o	f Each	n Disb	urser	-		eriod
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	Office Sought: X House Senate President State: KY District: 03	rsement For: 2010 X Primary General Other (specify)	1	71-									
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SCHEDULE B (FEC Form 3X)

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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag		\Box	21b 27	22 28a		23 28b	2	4 8c	25 29	
	y Information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) American Health Care Association Polit	ame and address of any polit										
L	Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS					Trans				9368		
	Mailing Address 205 N Main St.						M /		^D /	Y	žoŏ	9 ^Y
	City Oregon City	State Zip Code OR 97045				Amou	nt of	Each	Disbu	-	ent this	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name			otoge			•			•	2000.	00
	Rep. Kurt Schrader	rsement For: 2010		atego Type								
	Senate President State: OR District: 05	X Primary Gener Other (specify) ▼	al									
	Full Name (Last, First, Middle Initial) NIKI TSONGAS COMMITTEE, THE					Trans				9374		· V
	Mailing Address PO Box 1454					0 2	,	1	2	Ŀ	ž 0 ŏ	9
	City Lowell	State Zip Code MA 01853				Amou	nt of	Each	Disbu		ent this	
	•	•		atego Type	-	Amou	nt of	Each	Disbu		ent this	
	Lowell Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Niki Tsongas	•		atego Type	-	Amour	nt of	Each	Disbu			
	Lowell Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Niki Tsongas Office Sought: X House Senate President	MA 01853 Irsement For: 2010 X Primary Gener		_	-	Trans.	actio	n ID: burse	D79		3000.	00
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	NAME OF COMMITTEE (In Full) American Health Care Association Politica	al Action Committee										
∠ A.	Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS					Date	of D	isburs	: D793 ement			
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В.	TIM WALZ FOR US CONGRESS					М	of D	/ D	ement	Y Y	0 ŏ 9	Υ
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С.	Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMI	ITEE						isburs	: D794 ement	55		
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	NAME OF COMMITTEE (In Full) American Health Care Association Politi	cal Action Committee										
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۸.	Full Name (Last, First, Middle Initial) WICKER FOR SENATE			Transaction ID: D79376 Date of Disbursement
	Mailing Address PO BOX 64			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City JACKSON	State Zip Code MS 39205		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution for Debt Retirement Candidate Name		Category/	1000.00
	Sen. Roger F Wicker	ement For: 2008	Type	
	X Senate President	Primary General Other (specify) ▼		Contribution for Debt Ret
	Full Name (Last, First, Middle Initial) To Organize a Majority PAC	oution for Deb		Transaction ID: D79380 Date of Disbursement
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	City DES MOINES	State Zip Code IA 50303		Amount of Each Disbursement this Period
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	To Organize a Majority PAC		Type	
	Office Sought: House Disburs Senate President State: District:	ement For: 2010 Primary X General Other (specify)		
 ;.	Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGR	RESS		Transaction ID: D82878 Date of Disbursement
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	Rep. Shelley Moore Capito		Type	[MEMO ITEM]
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$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Committee		
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	City Charleston	State Zip Code WV 25339		Amount of Each Disbursement this Period
	Purpose of Disbursement Redesignation of Primary Contribution			4000.00
	Candidate Name Rep. Shelley Moore Capito		Category/ Type	IMEMO ITEMI
	Office Sought: X House Senate President State: WV District: 02	Disbursement For: 2010 Primary X General Other (specify) ▼		[MEMO ITEM]

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